FOX CROSSING POLICE DEPARTMENT
HOUSE CHECK LOG

NAME: PHONE NO.

ADDRESS:

DATE LEAVING: DATE RETURNING:

EMERGENCY CONTACT: PHONE NO.

ADDRESS:

LIGHTS ON: Yes ☐ No ☐ Times:

Location of lights:

DRAPES/BLINDS ON FRONT WINDOW WILL BE: OPEN ☐ CLOSED ☐

ANY VEHICLES IN DRIVEWAY: YES ☐ NO ☐

Vehicle Make/Model: License No.

Vehicle Make/Model: License No.

Vehicle Make/Model: License No.

ADDITIONAL INFORMATION/REMARKS: